

DRAFTER'S NOTE
FROM THE
LEGISLATIVE REFERENCE BUREAU

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February 15, 2006

As we discussed by phone, I have not treated GAMP in this draft. To review the relevant provisions, however, see ss. 20.435 (4) (bt) and (h) and 49.45 (6y) and (6z) and subch. II of ch. 49. These provisions are all interconnected and related to GAMP. See especially s. 49.025. Note the definition in s. 49.01 (2g) and the use of the term in s. 49.027 (3).

I changed "established" to "certified" in proposed s. 260.10 (1) (b) 4., as you requested, but there is no mention of "certifying" in s. 260.40 (2) (a). Do you want to require the corporation to certify a healthy lifestyle protocol recommended by the committee under s. 260.40 (2) (a)?

As you requested, I added a provision about voting on committee recommendations in s. 260.40 (1) (c). Is this what you want? For s. 260.40 (1) (d), however, the corporation must include all of the committee's recommendations in the corporation's annual report without a vote, correct?

What happens if someone selects a Tier 2 or Tier 3 plan but cannot or does not pay the additional premium, initially or at renewal? Are they automatically assigned to a Tier 1 plan? Do you want to specify this, perhaps in s. 260.25 (1) (b)?

You are correct, there are no appropriations created in the draft for the family portion of MA or BadgerCare. Those appropriations are to be created in the proposed legislation submitted by DHFS and the fiscal bureau under the nonstatutory provisions of the bill draft.

Your understanding of the release of the funds being conditioned on the corporation's actions is correct. It is intended to be a continuous back-and-forth process, since the corporation cannot fulfill all of its responsibilities at once.

As we discussed, there are numerous provisions in current law that may become obsolete under the program under this draft, but keeping them is not a problem. If they become obsolete due to lack of participation or a need for the program, they can be removed from the statutes at a later time. Also, since the program under this draft will not necessarily cover every type of health care service, other provisions under which health care coverage is provided may still be relevant and needed. There may be persons who are not eligible for the program under the draft, and still others who may need coverage before they satisfy the residency requirement. However:

1. See s. 109.075 (2) and (6). Do you want to add cessation of coverage due to coverage of employees under the program under this draft as an exception under sub. (6)?
2. Do you agree that an exception needs to be made for the program under this draft in s. 632.755 (1g) (a) and (b)?

I assumed, when reviewing the statutes for conflicts, that all of the health insurance policies under the program under this draft were individual policies and that any provisions in current law related to group or blanket policies would not apply. Correct?

After you have finalized the text, it will need to be reviewed for any delayed effective dates that have to be specified.

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This version of the draft includes statutory changes eliminating the state's health insurance program for state employees and for local government employers and their employees. Please note that I did retain authority for the state to offer its health insurance program to retirees under the Wisconsin Retirement System and to state employees who have terminated state employment and who are able to use their unused accumulated sick leave credits and supplemental health insurance premium credits for the purchase of health insurance. Please advise if this is not consistent with your intent.

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